

DOCUMENT RESUME

ED 195 527

SP 017 139

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 TITLE Role of Child Nutrition Programs in Health Education.
 PUB DATE Oct 80
 NOTE 20p.; Paper presented at the American School Health Association Convention (Dallas, TX, October 15, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS Ancillary School Services: *Breakfast Programs: Childhood Needs: Community Attitudes: Curriculum Development: Dietetics: *Eating Habits: Elementary Education: Family Influence: Federal Aid: Food Standards: *Health Education: Lunch Programs: *Nutrition Instruction: Physical Fitness: *Program Development: *School Health Services

ABSTRACT

The role of health educators in integrating child nutrition programs into school health education is discussed and issues attending such programs are considered. The importance of breakfast and lunch programs in the school is stressed with particular emphasis on using these programs to instruct children in sound nutriticnal practices. It is pointed out that while the federal government underwrites these programs to some extent, funding is insufficient and the school community and parents have a responsibility to support them. The basic focus of nutrition programs must be to teach children the relationship between food and good health. Discussion is presented on fitting nutrition education into the school curriculum, the components of a model nutrition program, the role of child nutrition programs in overall school health programs, and factors that influence a child's food habits. (JD)

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ROLE OF CHILD NUTRITION PROGRAMS IN HEALTH EDUCATION

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FOR PRESENTATION

AMERICAN SCHOOL HEALTH ASSOCIATION CONVENTION

DALLAS, TEXAS

OCTOBER 15, 1980

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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ROLE OF CHILD NUTRITION PROGRAMS IN HEALTH EDUCATION

Good Nutrition - Sink Your Teeth Into It. . .

What a fantastic theme for a pre-convention seminar on nutrition and dental health. It reeks of enthusiasm and action. A review of the program for the day indicates many exciting opportunities to have your professional appetite satisfied as you proceed from course to course--sinking your teeth into good nutrition. Thank you, Evelyn Henry, for inviting me to be a part of this eventful day. School nutrition directors and health education directors, by whatever title they are called, should be partners in every community as the basic promoters of good health.

It is good to see the seminar begin with breakfast. The practice of eating a good breakfast is a positive health practice for students and for adults. Breakfast not only promotes greater efficiency during the morning, it is a safety toward a more adequate total diet. Child nutrition programs include school breakfast - the newest component of the child nutrition program.

The child nutrition programs are a part of the school health program... just how important or relevant a part depends upon the perspective of the people in that particular school. Earl Kelly in EDUCATION FOR WHAT IS REAL chastised most educators by saying that in all of education we are inclined to look through peepholes and to see only from a narrow point of view...and that view would be from where the individual is sitting. We need to remove blinders and see education from a broad point of view. It is obvious that your planning committee is looking at education not as Early Kelly said, but from a broad point of view.

The child nutrition programs are a basic part of preventative health programs. Helping young people establish appropriate food practices which combined with good general health and exercise should, in the long run, reduce some health problems occurring in adults.

I wish to commend your journal editor for providing an informative issue on nutrition. During the time we have together I shall not attempt to define a curriculum, nor shall I talk about sequencing for developmental levels. That information is available to you through your journal and the encounter groups. The New York State Department and Oregon State Department have excellent curriculum materials. Here in Texas the Dairy Council, Inc. has provided leadership and curriculum materials for nutrition education.

This morning as we think together about the role of child nutrition programs in a health program, I would like to explore some of the issues which need to be addressed, and the role of health educators in integrating child nutrition programs into health education.

During the time we have to think together about issues, there are some questions I would pose for us to ponder. Questions which are necessary to establish a paradigm so you will know where I'm coming from, and questions to delve into the role of child nutrition programs and total health.

What is curriculum? Where does the child nutrition program fit into the curriculum?

What is the relationship of nutrition to health?

What is the child nutrition program?

What is the role of child nutrition programs in health program?

How do children learn to eat?

What are some health problems related to diet?

What is the importance of good nutrition to education?

What is the importance of good nutrition in total health?

An understanding of my philosophy of curriculum is necessary to understanding by beliefs about the role of child nutrition programs in the school health program. My curriculum philosophy evolved from that of Professor Florence Stratomeyer of Teacher's College, Columbia University. She defined

curriculum as all those things that happened to a child during the school day. She further amplified her definition by saying that persistent life situations should be used as the basic for learning experiences. I am sure that you will find it easy to see why I, a nutritionist, accepted quite readily this definition of curriculum. What is more persistent than the process of selecting food and eating food? What is more basic to education than making sure that a child is ready to learn at school? A hungry child is not ready to learn. The most basic rung on Maslow's need hierarchy begins with meeting the physical needs. Until a person has his/her physical needs met, they do not proceed to meet other needs. If a child is to accept the classroom challenge, the child's food needs must be met.

Dr. Arnold Schaeffer, Director of the Swanson Nutrition Institute, Lincoln, Nebraska, who directed the 1968-70 National Nutrition Study said it like this: "A child can learn without books, but a child cannot learn without food." Basic learning principles remind us that children learn by doing, learning needs reinforcement, children need examples, children need to practice skills. Learning to eat requires the same principles. The cafeteria is the laboratory for practicing the skills and enjoying the art of eating. As I say this I hope you do not think that I am a Don Quixote chasing an impossible dream. The time is ready for nutrition education to be considered as a serious subject, as a basic skill in the Master Plan of Education. The American public is more enlightened now than ever on the consequences of poor food habits, including diet-related, physical, emotional problems, and health care costs.

A few years ago the American Medical Association published a booklet entitled "The Seven Paths to Fitness." The first path identified was general health, the next was nutrition which was followed by exercise, dental health, etc. What one eats and how it is used by the body is basic to health status.

Promoting the practice of good habits of food selection among school children is necessary to achieving ASHA's primary goal of fostering good preventative health practices. Bud Wilkinson, President John F. Kennedy's Director of Fitness, said, "It is possible to be well-nourished and not physically fit, but it is not possible to be physically fit without being well-nourished." In a nutshell, good nutrition is essential to good health. An effective school health program cannot close its eyes to the school nutrition program.

This is not a new idea. The eminent French sociologist, Emile Durkheim, defined education as the influence exercised by adult generations on those that are not yet ready for adult life. Children are influenced by what they see, what they hear and what they practice during the school hours. If what one eats, and how one eats, is conducive to good health, then a health program must address the food that children eat at school, and how they are served, including the amount of time provided for eating and the climate in which they eat. Bruno Bettelheim in *FOOD TO NURTURE THE MIND* said that the two most important things that happen in the development of a child's personality is the food he eats and the way he is served. Basic learning principles indicate that direct experiences, such as having an opportunity to eat foods from the four basic food groups, reinforce the information taught about the food groups in the classroom. Conversely, direct experiences which conflict with that information taught in the classroom create confusion and prevent the child from learning the nutrition lesson. If learning results in changed behavior then the learning of good health habits would result in their practice. The child nutrition program will become a more viable part of the educational system when educators translate their knowledge of child development and learning theories into practices that utilize life's persistent situations for teaching the competencies which children should possess.

What is the child nutrition program? The child nutrition program has two primary goals: (1) to provide food to meet school day nutrition needs of children, and (2) to provide opportunities for children to learn and practice food habits which contribute to good health. The goals are consistent with your goals. I shall not attempt to recite the requirements for participating in the federal nutrition programs. I shall not for two reasons. First, Virginia Wilkening from USDA is on the program later for that purpose and secondly, I would like for you as members of ASHA to think of child nutrition programs as a basic part of the educational process which would exist even though no federal support existed. I want you to think of the philosophy of school nutrition. These programs have existed since the late nineteenth century. They existed for many years before the Congress provided any support. The basic criteria for the programs which Congress legislated in 1946 evolved from the philosophy and practices of school administrators, health educators and nutritionists in Boston, New York and Philadelphia. The programs were initiated with community help. Those pioneers which started the school nutrition programs advocated programs based on sound nutrition standards, indicating that all children should be served, that the school had a responsibility to support these programs as all other educational components. That legislation also viewed nutrition programs as a cooperative endeavor of federal, state and local governments. The federal government was made aware of the value of these programs about the time of World War II when so many young men were rejected for the draft for physical deficiencies based on malnutrition. That was the second impetus to growth of the school nutrition program. The first took place immediately following World War I when it was noted that many young men were suffering from malnutrition. The federal government was a follower in supporting nutrition. The impetus for the programs came from groups such as this... people concerned about the health and nutritional status of young people. Some-

where during the years health educators and nutrition people moved away from each other. Perhaps for no conscious reason. Perhaps just because each was concerned with its own world. Perhaps because the blinders which Earl Kelly referred to were obstructing the vision. The time is right for the programs to be brought together to help foster the achievement of goals.

Today with the national concern for federal budget balancing and the desire to get inflation under control, the federal support for child nutrition programs is being reduced. It is important that the health education team help to shape a community attitude of child nutrition as part of the school and not as a "federal program" which would go away if federal support were drastically reduced or withdrawn. While it would be reshaped, as health educators we must not think that it could go away. Child nutrition is a component of total education and instruction just as compensatory education, special education, early childhood education. But it is also different. It is different in that school nutrition is a need of every child...not just poor or rich, black or white, academically gifted or deprived. Every child has continuing nutrition needs to be met at school if the child is to attain his maximum mental, physical and emotional potential.

For too long, the child nutrition program has been labelled as a support, or auxiliary, service. As such, it has been slow in developing into its full potential.

It is fairly easy to understand why it could be labelled as a federal program or a support program. Until 1946 financial support for school nutrition programs came from children's payments. Therefore, the availability of programs and services were limited to children who could pay for their meals. From 1946 to 1970 minimum federal support was provided. While many children received free meals, the costs of those meals was defrayed by the payments from paying children. Many states did not budget funds for the school meal

program...evidencing an attitude of them as a support program.

However, something happened in the early sixties. President John F. Kennedy called the nation's attention to the problem of hunger and malnutrition in the United States. Secretary of Agriculture Orville Freeman challenged the nation "to never let it be said that we could put a man on the moon in the decade of the sixties and fail to put food in the mouths of hungry people." By 1970 the nation was aware of the extent of the problem, the nation was aware that there was a difference between hunger and malnutrition, the nation was aware that hunger and even malnutrition could co-exist with wealth, the nation was aware that a mass of misinformation existed, the nation was aware that food abundances did not assure proper food selections. The nation was aware that major "killer diseases" were diet-related. The nation was becoming aware of the health risks in poor diets. To paraphrase Dickens in TALE OF TWO CITIES, it was the best of times and the worst of times in nutrition.

That awareness did indeed show us that we had a problem. That awareness also showed us that we did not have the logistics for dealing with the problem.

Legislation enacted in the 70's revolutionized the child nutrition programs...and provided a strategy for attacking the problem. With the passage of P.L. 91-248 in 1970, every child was guaranteed a right to a school lunch regardless of his family's economic status. With this legislation began the development of a comprehensive child nutrition program which includes a nutrition program for Women, Infants and Children (WIC), a child care food program for children in day care centers, and extended school day programs, the school nutrition program, and the summer food program for children. All of these programs are operated in some school districts except the WIC program which is operated nationally through state health departments. The nutrition programs are available literally from the womb to the tomb since Congress has

also provided a nutrition program for the elderly. In many school districts throughout the nation these elderly programs are also a part of the school nutrition program. The school nutrition program consists of school breakfast, lunch and special milk programs.

A child's nutrition needs are persistent. All programs--summer, child care and school programs--share a common nutrition goal and that is for each meal to meet a certain specified portion of the recommended daily food needs as established by the National Research Council.

While these programs have nutrition goals, there was still a missing link to complete the nutrition package. As early as 1970 the drive for nutrition education as part of the comprehensive nutrition program was initiated. However, Congress placed emphasis on the delivery of food as a matter of highest priority. By 1974-75, it became obvious that some of the tactics used to deliver the food were not producing the results desired. Children were not eating the food. Often the meal was discarded without it even being tasted. There was a national furor about plate waste and food quality.

While there was some reason for concern about food quality, the larger problem was the need for children to learn to eat the food being served. Simply providing food and telling children to eat is not enough. Telling children to eat because it is good for you is not enough. Children must learn to eat as they learn other skills. They are not born with an instinct that tells them what to eat. Senator Hubert Humphrey advocated in March of 1977 after health care costs sky-rocketed, and Congress began to consider the need for a national health insurance program, that a nutrition education amendment would pass in 1977. I remember vividly when the Senator eloquently stated, "The Congress will not ask if the nutrition education will help to reduce the pain of radiation or chemotherapy, or how it will alleviate cardiovascular problems, but they will consider how much federal money can be saved if the

incidence of these diseases is reduced. Then when they find out how much money can be saved," he added, "they will enact nutrition education legislation. They will not act for the right reason, but nevertheless, we will get the legislation." And the Senator was right. That legislation was enacted and signed on November 10, 1977.

The preamble of the nutrition education legislation outlined five basic needs to be met in nutrition education programs:

1. Children must learn the relationship between food and health.
2. School lunch and child nutrition programs should be used as a learning laboratory for nutrition education.
3. If nutrition education is to be effective, parents must be involved in the school nutrition program.
4. Food service personnel must be taught nutrition education and they must increase their management skills to improve meal acceptability.
5. Teachers need to have training in the fundamentals of nutrition and in the methods of teaching nutrition.

That legislation was a dramatic statement by the Congress that the improvement of nutritional status of Americans requires more than simply providing food. It requires food and education; it requires joint effort of home and school. Nutrition education, then, is not just a course of study to be taught in an independent manner. I like a definition of nutrition education which a former Assistant Secretary of Health, Education and Welfare stated during a Congressional hearing. Dr. Merlin Duvall defined nutrition education as a process, whereby the significant facts about nutrition are acquired in such a way that a person's food behavior is changed. Nutrition education as perceived by the Congress is not just another course of study, but it is a process for changing food habits through knowledge, practice and parental involvement. Nutrition education is a significant part of the school nutrition program.

The American Dietetic Association has described a model child nutrition program. According to ADA, a model program has four distinct, but inter-related parts:

1. Assessment of the child's nutrition needs,
2. A delivery system to provide the food needs and an appropriate environment,
3. A nutrition education program for the child to learn about food and its relationship to life, both physically and socially, and
4. Involvement of parents and other significant adults and children in planning the child nutrition program.

The nutrition program cannot operate in a vacuum if its goals are to be realized. This concept of the model program requires cooperative effort for its development.

While I continue to refer to the school nutrition program, in theory, if not in practice, it is a part of the school health program. Since nutrition is a component of health, the programs cannot be overlooked. They provide an opportunity for enriching the school health programs. Comprehensive nutrition programs exist in practically every school district in the nation. There is a need for nutrition educators and health educators to work together to improve the integration of the nutrition program into the health program. The school nutrition staff frequently lack the time, the access, and the competence to deal with such problems as assessing the needs of children for specific types of nutrition help; for communicating with the administration on the establishment of an appropriate environment for eating; for working with parents on problems relating to a child's food behaviors.

Nutrition problems prevail which affect the health of children. These problems for some children could be improved or alleviated through a coordinated effort of health and nutrition. Perhaps a quick review of the facts would be

helpful. The Ten-State Nutrition Survey reported that adolescent boys were the most undernourished of all age groups, that anemia, obesity and dental caries were among the most common health problems of school-age children. Various studies have shown that no more than one out of five children have breakfast before coming to school; that it is almost impossible for a child to have an adequate daily dietary intake if he skips breakfast. A 1976 study of fourth grade children in Atlanta indicated that a disproportionately high share of total calories came from soft drinks and candies.

These facts should have meaning for the planners of school health programs. The facts indicate that many children have poor food habits. Food habits which may lead to chronic health problems if not corrected. While we have concern about the 10% who are obese, we must also be concerned about those who suffer from anorexia nervosa, and that is the adolescent girl generally. While this disease must be treated professionally, through nutrition education we should help to prevent this self-imposed condition motivated by misinformation or lack of information.

Problems of weight control among school-age children run the full gamut. The school nutrition program should be designed to be flexible enough that food offerings could be tailored to meet the caloric needs of the child who needs to lose weight, gain weight, or maintain weight. With health and nutrition working together to assess the child's needs, it may be found that the problem is not diet but lack of exercise. If, however, it is determined to be a food problem, the school food program working with health can help solve the problem. It is not unusual in Georgia's schools, and in schools across the United States, particularly in the middle grades and secondary schools, for schools to offer as many as four different menus each day. Within these offerings the child may choose a combination of foods from the four basic food groups that will not only meet his specific caloric needs, but will also provide one-third of the recommended dietary allowance of the essential nutrients.

However, the offering of food items to meet the child's need is only the first step. The child needs motivation and also "those significant facts about nutrition" to guide his selection of an adequate diet. It is not only important that the obese child have the guidance and instruction for selecting an adequate diet, it is important that all children be given the necessary guidance to select a diet that provides adequate calories and nutrients. The same fourth grade study cited earlier indicated that many children do not get enough calories. As a matter of fact, about 60% of the children in the study did not eat sufficient calories to meet two-thirds of the recommended dietary allowance. The national obsession with weight, fad diets and the preoccupation with calories consumed as opposed to total nutrients frequently results in children consuming diets that are inadequate in total nutrients. Using the Basic Four Food Groups as a guide, the child must eat about 1,400 calories to get an adequate amount of the essential nutrients. If the school nutrition program is to succeed in meeting the school day nutrition needs of children, it must work as a team with the health educators.

Let us continue to look at some of the challenges that nutrition/health programs must face together. The Dietary Guidelines, released jointly by the United States Department of Agriculture and Department of Health, Education and Welfare in February 1980 contain seven points.

1. Eat a variety of foods.
2. Maintain ideal weight.
3. Avoid too much fat, saturated fat and cholesterol.
4. Eat foods with adequate starch and fiber.
5. Avoid too much sugar.
6. Avoid too much sodium.
7. If you drink alcohol, do so in moderation.

This position evolved from indications that excesses of certain foods contribute to health problems and ultimately cause the killer diseases. Translation of these dietary guidelines into accepted food practices will require efforts of the nutrition/health team working through and with the family.

Research shows that the home has the greatest influence on a child's food habits of any institution. Furthermore, it shows that the fathers' preferences determine the family food habits. I remember asking my four-year-old nephew why he was not eating the mushrooms in a casserole which his mother had prepared. He was carefully picking them out one by one. He told me that he didn't like mushrooms. I said, "But you're not eating them, how do you know that you don't like them?" His reply was, "My daddy doesn't like them." Any attempt to introduce changes in the diet then must begin with an understanding of the importance of the family. Religion, ethnic background, lifestyle affect the child's food preferences.

Suppose for a moment that the school nutrition staff attempted to respond to the dietary guidelines by reducing the amount of salt used in food preparation. The meats and vegetables were prepared with less salt. Who would complain? Children? Who else? Teachers? Who else? The food service personnel themselves? Plate waste would increase and lunch participation would probably decline.

Another health problem which affects school children and is thought to be diet-related is hyperkinesis. Later today you will be brought up-to-date on the Feingold diet. It is thought that some children are highly sensitive to the salicylates present in artificial flavors, colors, and some preservatives which is thought to cause this hyperactivity. While the hypothesis has not been fully supported, there is more evidence being found which indicates that such a condition may occur in some children, and that a diet relatively free of the offenders would reduce the incidence of hyperactivity. Let's take another suppose. This time let us suppose that the school nutrition manager

served a menu that was relatively free of artificial flavors and colors and excessive preservatives. The menu features whole grain school-made breads, fresh fruits and vegetables. She incorporated the dietary guidelines in food preparation using low fat, low sugar and low salt. How would the menu be accepted? Who would complain? Yes, most everyone who was unaware of the goals; most everyone for whom this would mean a change.

But on the other hand, those changes could be more readily accepted through cooperative efforts of health and nutrition programs. Unless children and adults understand the reasons for offering this type menu, there would be a high rejection rate. Conversely, as part of the health education program, the menu offerings and the method of preparation could be altered and a higher degree of acceptance observed.

A team effort to nutrition education has proven to be the most successful strategy to affecting changed food behavior. Dr. Nelge Todhunter, one of the nation's foremost authorities in nutrition education, advocated as long ago as 1948 that successful nutrition education required the team effort of parents, pupils, administrators, teachers and school food staff working together. She called it a star program.

The Georgia Department of Education participated in a federally funded project, "The Five-State Nutrition Education Project." This project was built on the premise that success in nutrition education depends upon teamwork. It further believed that school food and nutrition staff and teachers needed training to work together. It also believed that both groups needed additional special training...in methods and in management. From that project came a process for a School Health Team to work together on nutrition problems. In some instances it was found that the manager assumed the lead; in others it was the health teacher or the classroom teacher.

These examples reflect a current recognition for nutrition and health

programs to be coordinated to foster food selection consistent with the dietary guidelines. There are other equally as compelling needs for the health educator to make a professional statement to support school nutrition. Let me cite two of these.

Since nutrition is basic to health, it is educationally sound for the health educator to support a school nutrition program that offers nutritionally adequate meals...foods that promote the establishment of desirable food habits.

But wait a minute. Let's decide, what is the school nutrition program? Is it just the food and meals served from the cafeteria? Or is it all the food on the school premises? That food sold in the gym? In the snack bar? From the vending machines in the hall? Is that part of the nutrition program? If it is not part of the program, but the child has access to it, what is it? Is it a contradiction in values? Food sold on the premises is a part of the school nutrition program. It may not be controlled, or treated as part of the program, but its availability in the school gives it an approval for the child.

Health educators need to make a professional statement about standards for foods to be sold in school including nutritious snacks and the timing of the sales. Snack foods, even though they may be nutritious, when available at meal time or near meal time, compete for the child's appetite or his money or both. Snack foods, if available, should be sold at a time not to interfere with the eating of complete meals and should be those that contribute to sound food habits. While milk is the most nearly perfect food, a milk diet could lead to health problems.

The recently released USDA regulation bans the sale of foods of minimal nutritional value until after the last lunch period. USDA has defined four categories of foods to be banned. They are: carbonated soft drinks, certain candies, chewing gum and frozen ices. What is not banned is artificially flavored and colored sweetened non-carbonated drinks, chocolate bars, salted and fatty

snacks. These items may be sold at any time, any place during the school day.

Health educators at the local, state and national level need to consider the need for food standards that protect the child's health. Health educators frequently have access to decision-making that could influence the standards for foods and the conditions under which they are served. The USDA regulations provide a route for petitioning Food Nutrition Services to add other categories of food to the banned list. I personally find it hard to ban a carbonated soft drink and give license to non-carbonated soft drink; to ban popsicles, but to allow the melted-down version; to ban one candy and allow another candy. Your voice as professional health educators needs to be heard at the national level. Your voice as professional educators would make a difference if you speak out in your own communities and in your own states.

There is yet another place where your voice needs to be heard in the local community if the school nutrition program is to function as a nutrition education and a health education laboratory. That is in the office of the principal and the superintendent. We have talked about some of the factors which influence a child's acceptance of food--his family background, his familiarity with the food, his motivation, etc. There are environmental factors which also affect his acceptance. Environmental factors include the amount of time the child has to eat, the appearance of the dining room, the noise level, the ventilation, the sanitation and on and on. Children who have to stand in line twenty minutes and have ten minutes to eat would often rather not eat. As a health educator, you may have an influence on the lunch schedule, which could help to improve the acceptance of the nutrition program. Part of the schedule should include time for the child to wash his hands before meals. Together health/nutrition educators should strive to make the operation of the programs consistent with those things we try to teach the children in the classroom. Unless we do, we may simply confuse the child; give him a contradictory value system which says

"Do as I say, but not as I do."

Your voice needs to be heard in expanding the school breakfast program.

For a moment let's look backward to summarize the questions we've covered. We look back not as the whiffenpoof who flies backward because he doesn't care where he's going, but to get direction for what we have yet to cover.

We have looked at the following questions:

What is curriculum and how the school nutrition program fits into the curriculum?

We have looked at the relationship of nutrition to health?

We have looked at the child nutrition programs and the components of a model program?

We have looked at the role of child nutrition programs in health program?

We have looked at some nutrition problems related to health? Some health problems related to diet? Some nutrition programs related to learning and behavior?

We have looked at factors that influence a child's food habits.

While we could only skim the surface in this brief period of time, I hope that it has become more apparent to you that the nutrition program is an untapped resource for the health program.

Good nutrition is important to good health. Nutrition is important to total education...its effectiveness and its efficiency. The school nutrition program contributes to an effective educational program. Research shows that higher achievers have more adequate diets than lower achievers.

I have attempted during this time to share with you some concerns and challenges of making the school nutrition program a fully functioning part of the health program. If this challenge is to be accepted, there must evolve in every school

1. a school health team,
2. a commitment to developing the educational potential of school food and nutrition,
3. a mutual respect for the components and a recognition that neither part can be fully successful unless coordinated.
4. concern of teacher preparation for developing the nutrition program.

The goals for fostering health and promoting preventative health practices can best be met where the health education program embraces the school nutrition program when the health educator is trained to embrace the nutrition educator. After Alice completed her adventures in Wonderland, she asked one of the creatures, probably the Cheshire Cat, "Which direction do I take now?" And the Cheshire Cat said, "I should think that it depends a very great deal on where you want to go." I think we know where we want to go. We want a health education program par excellence that achieves the goals of helping children lead more effective lives. "Some people," according to G. B. Shaw, "look at things that are and say why? I dream of things that never were and say way not?" Why not the health force and the nutrition force meeting to form an unbeatable force to achieve the "possible" dream.